

# BEST AVAILABLE COPY

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-875)</small>							<b>SERIAL NO.</b> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>	<b>FILING DATE</b> <div style="border: 1px solid black; height: 15px; width: 100%;"></div>					
							<b>APPLICANT(S)</b> <span style="font-family: monospace; font-size: 1.2em;">10/088997</span>						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
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TOTAL CLAIMS	↓		↓		↓		TOTAL CLAIMS	↓		↓		↓	